

# The Surgery - Dr Mangwana and Partners

## Inspection report

Palace Surgery  
510 Fulham Palace Road, Fulham  
London  
SW6 6JD  
Tel: 02077366305  
[www.palacesurgery.co.uk](http://www.palacesurgery.co.uk)

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

# Overall summary

We carried out an announced focused inspection at The Surgery-Dr Mangwana and Partners on 09 December 2019.

The practice was previously inspected on 6 August 2019. Following this inspection, the practice was rated Inadequate overall and in safe, effective and well-led domains and placed in special measures. We issued warning notices for breaches of Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance). The practice was required to address these concerns by 4 October 2019.

## **We did not review the ratings awarded to this practice at this inspection.**

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

## **We found the provider had made sufficient improvements in providing safe services regarding:**

- Safeguarding processes and DBS checks for clinical staff.
- A fail-safe system to monitor and manage patient safety alerts.
- Safety and security of its prescribing system.
- Cold chain in relation to the safe refrigeration of vaccines.
- Emergency medicines provision.
- Staff recruitment checks.

## **We found the provider had not made sufficient improvements in providing safe services regarding:**

- A fail-safe system to monitor and manage patients who had been prescribed high-risk medicines.
- A fail-safe system to monitor and manage patients who had been referred via the urgent two week-wait referral system.
- A fail-safe system in place to safely manage and monitor cervical smear screening.
- Infection prevention and control practices.
- The oversight and operation of patient group directions (PGDs').

## **We found the provider had made improvements for providing effective services regarding:**

- All staff had completed regular training regarding infection control, basic life support, fire safety and information governance.
- Appraisals for the practice nurse and healthcare assistants.

## **We found the provider had not made improvements for providing effective services regarding:**

- Staff did not have the skills, knowledge and experience to deliver effective care, support and treatment. The provider did not undertake clinical supervision for the practice nurse and healthcare assistant.

## **We found the provider had made some improvements to concerns we found in the well led domain:**

- The instigation and oversight of an effective system to monitor and manage patient safety alerts.
- The instigation and oversight of a safe effective system to monitor and manage emergency medicines.
- The instigation and oversight of a safe effective system to monitor and manage recruitment.

## **However, they could not demonstrate they had:**

- Effective processes in place for managing risks, issues and performance.

The areas where the provider **must** make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The service will remain in special measures until we have undertaken the next inspection and this will be reviewed at that time. This will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration. Special measures will give people who use the service the reassurance that the care they get should improve.

## **Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

# Overall summary

Chief Inspector of Primary Medical Services and Integrated  
Care

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, a second CQC inspector and a practice nurse specialist advisor.

## Background to The Surgery - Dr Mangwana and Partners

The Surgery-Dr Mangwana and Partners, also known as the Palace Surgery, is located at 510 Fulham Palace Road, Fulham, London, SW6 6JD. The practice is located in an adapted premises building which is managed by KMH Property Services. The building is set over two floors and has stair and lift (to the first floor) access. There are clinical consultation rooms and a health care assistants' room and an office on the ground floor; two clinical consultation rooms, an office, two store rooms and a toilet on the first floor and an office and a conference room on the second floor. The reception and waiting area are on the ground floor with wheelchair access to the entrance of the building. There are disabled toilet facilities on the ground floor. There is pre-payable off street parking in the surrounding area. There are good transport links with bus services and tube stations nearby.

The practice provides NHS services through a General Medical Services (GMS) contract to patients and is part of a local network of GP practices called the Southern Network.

We inspected the provider on three previous occasions. In 2017 when the provider was rated as good in all areas, including patient population groups, except for safe domain which was rated as requires improvement. We undertook a further inspection in September 2018 and on this occasion, the provider was rated as requires improvement overall, requires improvement in safe, well-led and effective and good for caring and responsive. Our last inspection was carried out in August 2019. At the inspection on 6 August 2019, we rated the provider as inadequate overall, inadequate in safe, effective, responsive and well led domains and across all patient population groups; caring domain was rated as requires improvement. The service was placed in special measures.

The full comprehensive reports of the previous inspections can be found by selecting the 'all reports' link for The Surgery-Dr Mangwana and Partners on our website at .

The practice provides NHS primary care services to approximately 5500 patients, and operates under a General Medical Services (GMS) contract. In addition, the

practice holds a Directed Enhanced Services Contract. This is a contract between general practices and NHS England for delivering services to the local community. The practice is part of the Hammersmith and Fulham GP Federation and the NHS North West London Clinical Commissioning Group (CCG).

The practice was registered with the Care Quality Commission in April 2013 to carry out the following regulated activities: diagnostic and screening procedures, treatment of disease, disorder or injury and maternity and midwifery services.

There are two GP partners in place who run the service at the practice. The provider employs three part-time sessional locum GPs; a part-time male practice nurse; a practice manager; a healthcare assistant/administrator and six administrators and receptionists.

The practice population is in the eighth most deprived decile in England. The practice population is comprised of 81% of people from a White European ethnic group background. There is a higher than the national average number of patients between 15 and 44 years of age. Information published by Public Health England, rates the level of deprivation within the practice population group as three, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice reception is open on Monday, Tuesday, Wednesday and Friday between 8:00am-7:00pm and on Thursdays between Thursday: 8.00am-6.30pm. Patients may book appointments by telephone, online or in person.

When the practice is closed, patients are directed to contact the local out of hours service and NHS 111. Out of hours services are provided by London Central and West and contact details are communicated in a recorded message accessed by calling the practice when it is closed, or by accessing the information on the practice website.

Patients can book appointments up to X week in advance online, in person or by telephone. Extended hours services are available at three practices across the borough in the evening between 6.30pm-8.00pm or at the

weekend. During the practice's opening hours, patients may request to book an appointment at one of these sites for an evening or weekend appointment. On Saturdays, at all sites, pre-bookable practice nurse appointments are available which can be booked

through the practice. Information is available on the practice website regarding GP extended hours services open to all patients in the borough running 7 days a week in Hammersmith and Fulham.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p><b>In particular we found:</b></p> <ul style="list-style-type: none"><li>• The provider could not demonstrate they have an effective system in place to safely manage patients who had been referred via the urgent two week-wait system.</li><li>• The provider could not demonstrate they have an effective system in place to safely manage patients who had been prescribed high-risk medicines.</li><li>• The provider could not demonstrate they have a fail-safe system in place to safely manage and monitor cervical smear screening.</li><li>• The provider could not demonstrate they have an effective system in place to safely manage infection prevention and control practices.</li><li>• The provider could not demonstrate they have an effective system in place to safely manage Patient Group Directions (PGDs).</li></ul> <p><b>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>